

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - TAXI2006-213-T

DATE

7/18

, 20

06**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Taurus PhillipsOriginal Flavors, Inc.

2. (a) Street Address of Applicant

205 Park St.Mullins, S.C. 29574

- (b) Mailing address, if different from street address

1912 Savannah St. #102 Wash., D.C. 20020

- (c) Telephone Number 571-237-4671 SS No.

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Taurus Phillips1912 Savannah St. #102, Wash., D.C. 20020

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

Applicant is furnished the services as the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: Year:

<b>Assets:</b>	
Cash	4,050
Receivables	N/A
Real Estate	8,800
Buildings and Equipment-Net	N/A
Motor Vehicles-Net	2,500
Garage Equipment-Net	N/A
Machinery and Tools-Net	N/A
Supplies on Hand	N/A
Prepays and Other Assets	
<b>Total Assets</b>	
<b>Liabilities and Equity:</b>	
Accounts Payable	None
Notes Payable	N/A
Mortgages Payable	N/A
Equipment Obligations	N/A
Accrued Salaries and Wages	N/A
Other Accrued Obligations	50,000
Other Liabilities	
<b>Total Liabilities</b>	
<b>Capital Stock</b>	
<b>Retained Earnings</b>	
<b>Total Equity</b>	20,350
<b>Total Liabilities and Equity</b>	50,000

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF \_\_\_\_\_

I, Taurus Phillips (Name of Applicant's Representative)  
 of Original Flavors (Title) Owner, the Applicant for the Certificate of Public (Applicant)  
 Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Monroe County

This the 26 day of July

Alvin Thompson  
 (Notary Public)

Taurus Phillips  
 (Signature of Applicant's Representative)

Commission Expires: April 30th 2013

14:42 07/26/06 T&amp;S PRINTING CO

1-843-464-2511

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EXHIBIT C

CLASS C

TAXI

CHARTER

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant

Taurus Phillips

For the transportation of passengers as follows:

Area to be served:

Mullins (Marion County) (State wide)

Number of passengers:

1-4 passengers

Fares:

\$2.50 (cab entry) + 1.50 per mile

Anything over 10 miles, \$10 every 14 miles + \$1.50 per mile over 10 miles.

Date

7/18/06

By

Taurus Phillips

Title

Owner

Rev.10/03

### DESCRIPTION OF EQUIPMENT

\* Seats if passenger carrier.

7/18/06

Taurus Phillips  
(Applicant)

Taurus Phillips  
(Applicant's Representative)

Owner  
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Taurus Phillips (Original Flavors)

(Name of Motor Carrier)

203 Park St Mullins S.C. 29574 (mailing)  
1912 Savannah St. #102  
(Address of Motor Carrier) WASH, D.C. 20004

Amount of Premium:

Liability Insurance

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/10,000
8 - 15 passengers	-	25,000/100,000/10,000

Bethra and Bethra Ins.

(Insurance Company Name)

Latta, S.C.

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

*See the attached copy*

Age 18 (Date of Birth 1/1/00)  
 39230 - Wm. R. Timmons Agency, LLC  
 39060 - Bethel & Bethel Insurance Agency, Inc.

Quoted: 7/25/2006 12:00:00 PM

Quote# 101193

## Applicant Info

TAURUS PHILLIPS

Named Insured

2nd Named Insured

Principal Owner

2nd Principal Owner

Mullins

SC

29574

City

St

Zip Code

DBA Name

Brooke Walden

GA UnderWriter

TAXI

Cargo / Commodity

Non-Trucking

IF Non-Trucking, Lease To

Terminal Location

How long in Business

NONE OF THE DRIVERS HAVE DRIVEN A TAXI BEFORE. THEY ALL HAVE 10 YEARS EXP WITH SAME TYPE VEH.  
 If new Venture, for whom did applicant drive to obtain experience  
 Reffer Breakdown  
 with same type vehicle?

## Agent Comment

SAW JANE EMAIL TO mjbryant@yahoo.com. INSURED IS CURRENTLY MOVING TO SOUTH CAROLINA. OWNER WILL NOT BE A DRIVER, BUT LISTED SINCE HE CAN DRIVE UNIT.

## Underwriter Comment

QUOTE SUBJECT TO ACCEPTABLE MVRs. THANK YOU.

## Filings

Brokerage Authority? NO

State/Type	MotorCarrierNr
SC PSC	

## Equipment

Type Coverage	Type Vehicle	Veh Year Make	Radius	Limits	Stated Amt	Deductible	Quote Perils	Quoted By
Liability	1 Taxi		0	25/50/10			3030 ea	Joan Kinard
UM	1 Taxi		0	15/30/10			25 ea	Joan Kinard
TRM	1 Taxi		0	15/30/10			25 ea	Joan Kinard
FF/CAC and Collision	Taxi	1990 FORD TAURUS STATION WAGON	0		8,000 7,000	500	50 00%/500	Joan Kinard

## Drivers

Name	Birth Date	Year Experience	Driver Record
PHILLIPS	10/10/1972	21	CLEAN
CLEO PHILLIPS	2/21/1947	21	CLEAN
LEON PHILLIPS	12/29/1945	21	CLEAN

## Losses

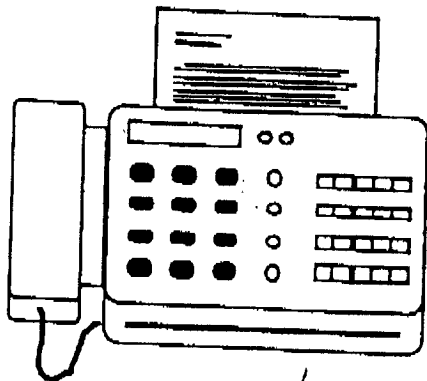
Carrier	Policy Term	Loss Date	Type Cov	Paid	Reserve	Details
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## Previous Coverage

N/A

Please attach the Terrorism Disclosure Notice to this quote when delivering to the Applicant.

843-464-2511



# Fax Transmission

**Date:**

7/26/06

**To:**

803-896-5199 (Janice)

**Fax Number:**

**From:**

Taurus Phillips (Original Flavors)

**Our Phone:** 464-2500

**Our Fax:** 464-2511

Number of pages including this cover page:

**Message:**

If you have any questions, feel free to contact me @ 571-237-4671 or email me at [tphillips-hampton@hotmail.com](mailto:tphillips-hampton@hotmail.com).

Also, a hard copy is in the mail. Thank you in advanced!